

**Minutes of the meeting of Trust Board on
1st April 2020**

Present

Sir Michael Rake	Chair
Lady Amanda Ellingworth	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Rosalind Smyth	Non-Executive Director
Sanjiv Sharma	Medical Director
Professor Alison Robertson	Chief Nurse
Helen Jameson	Chief Finance Officer
Caroline Anderson	Director of HR and OD

In attendance

Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Stephanie Williamson	Interim Director of Built Environment
Peter Hyland	Director of Operational Performance and Information
Richard Collins	Director of Transformation
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)

**Denotes a person who was present for part of the meeting*

*** Denotes a person who was present by telephone*

9	Apologies for absence
9.1	Apologies for absence were received from Matthew Shaw, Chief Executive and Phillip Walmsley, Interim Chief Operating Officer. It was noted that Alison Robertson was acting Chief Executive during this time and Peter Hyland was in attendance in Phillip Walmsley's stead.
10	Declarations of Interest
10.1	No declarations of interest were received.
11	Minutes of Meeting held on 6 February 2020
11.1	The Board approved the minutes of the previous meeting.
12	Matters Arising/ Action Checklist
12.1	Actions take since the last meeting were noted.
13	Integrated Quality and Performance Update Report –February 2020

13.1	The Board discussed theatre utilisation and it was noted that the optimum rate for GOSH was 77% reflecting the Trust's complexity. Other Trusts were able to use day cases to complete lists however this was not possible due to GOSH's complex paediatric population.
13.2	Epic was being used for the newly transferred patients and GOSH had been the only Trust so far which had been able to integrate the output of virtual meetings directly into the records system. Dr Shankar Sridharan, Chief Clinical Information Officer said that Epic had played a key part in the Trust's ability to adapt at speed and good feedback was being received from clinicians. Good work had taken place with pharmacy and improvements had been made in the way that Epic could be used in the service. Richard Collins, Director of Transformation said that work taking place to reprioritise Epic activity would have an impact on the optimisation phase of the programme.
13.3	Kathryn Ludlow, Non-Executive Director asked whether reporting would continue to take place in the same way. Alison Robertson, Chief Nurse confirmed that Friends and Family Test returns had been suspended from 1 st April and GOSH was reviewing existing feedback and ensuring that responses were provided to families. Complaint deadlines had also been paused and the team would be reviewing the status of all existing complaints to ascertain whether information to close them could be made available. Those which could be closed would be and new complaints would be reviewed as they were received and where teams did not have capacity to undertake investigations and provide information families would be informed. Peter Hyland said that Trusts continued to be required to make monthly performance submissions on diagnostic waits, RTT and cancer performance and monitoring was on-going however any fines for non-compliance had been paused.
13.4	Sanjiv Sharma, Medical Director emphasised the importance of continuing to adhere to safety processes and reporting and said that it was vital to continue learning lessons during this time. James Hatchley, Non-Executive Director asked how staff from other Trusts who had come to GOSH would become aware of these policies and Sanjiv Sharma confirmed that a robust on-boarding process had taken place.
13.5	Peter Hyland said that teams had worked hard to considerably reduce the number of 52 week waiting patients to nine, of which seven had chosen to wait and the remaining two were complex, however this would be significantly impacted by COVID-19.
14	Finance Update –February 2020 (Including National Cost Collection Presubmission update)
14.1	Helen Jameson, Chief Finance Officer said that the year to date position was £0.9million favourable to control total with NHS and other clinical income on plan in month. Passthrough was £1.8million above plan as a result of new drugs approved in year. IPP income was £0.2million lower than plan as a result of lower activity driving the IPP income year to date being below plan by £4million.
14.2	James Hatchley asked how the auditors would approach their work on the accounts and Helen Jameson said she had reviewed the key areas of concern with Deloitte who were satisfied that most information could be shared through Microsoft Teams. Concerns had been raised around the stock take as they could not be physically present although a plan was in place to undertake this in all but

	two areas by 3 rd April. Concern had also been raised around the valuation of land and buildings and it was likely that a statement would be made around the inability to guarantee the accuracy of the valuation. In this case the GOSH's accounts would be qualified along with those of other Trusts.
14.3	Discussion had taken place with Deloitte and GOSH would continue to work to the original timescales despite these having been delayed.
14.4	The Board reviewed and approved the approach to national cost collection for 2019/20 and agreed to delegate authority to the Chief Finance Officer in conjunction with the Executive Team to approve the return.
15	Safe Nurse Staffing Report (December and January 2020)
15.1	Alison Robertson said that the Nursing Establishment and Assurance Group, which had begun to validate nursing workforce data, had been paused as a result of the work required for COVID-19. She confirmed that the Trust had operated within the recommended parameters for staffing levels in December 2019 and January 2020. She highlighted that going forward there would be a change in the data from which vacancies would be calculated and HR data would be used rather than finance which may lead to an initial change in the vacancy rate reported.
15.2	Kathryn Ludlow asked whether the Trust still planned to move forward with international nurse recruitment and Alison Robertson confirmed that this would continue and added that there were 6 nurses scheduled to fly to the UK in April however this was no longer possible and was being kept under review.
16	2020-21 Budget Sign off
16.1	Helen Jameson said that due to COVID-19 the operational planning process had been suspended and changes were being made to the way in which funding would be provided to NHS Trusts in 2020/21. Contract negotiations had not been finalised prior to this suspension.
16.2	The paper had been recommended for approval by the Finance and Investment Committee and was based on the assumption that the level of income required would be received.
16.3	The Board approved the budget and capital plan.
17	Improving the experience of children, young people and families visiting Great Ormond Street Hospital during 2019: Meeting the duties of the Equality Act 2010
17.1	Alison Robertson said that the Trust was required to demonstrate the ways in which it complied with the Equality Act. Amanda Ellingworth, Non-Executive Director noted that the paper would be published on the website and said she felt that it was more descriptive of the activity that had taken place rather than the outcomes and impact of the work. Alison Robertson agreed that work was required to refresh objectives and set measureable goals however unfortunately this work has been paused until the Family Equality and Diversity Group was able to meet.

18	Any other business
18.1	James Hatchley asked whether the Executive Team was satisfied that that the Trust had access to adequate levels of personal protective equipment (PPE) and that it was being used appropriately. Alison Robertson said that there was anxiety amongst staff around the availability of PPE however GOSH's policy was in excess of the Government guidance in this area. The next all staff briefing would focus on the way staff were being protected. It was confirmed that although there had been some initial national issues with procurement and delivery of PPE, the Trust did have sufficient supplies to comply with existing guidance.
18.2	Sir Michael Rake, Chair thanked the Executive Team for their work under challenging circumstances.